



Attestation of Training Completion

I, _____, attest that on _____, 2020, I fulfilled the Trauma-Informed Care training requirements for OneCare Kansas Partners by completing the Centers for Disease Control and Prevention’s ***Preventing Adverse Childhood Experiences (ACEs) Introductory Training Modules*** including ***Module 1: ACEs Overview and Module 2: The Public Health Approach to Preventing ACEs*** located at <https://vetoviolence.cdc.gov/apps/aces-training/#/#top>.

Print Name: _____

Signature: _____ Date: _____

Supervisor Print Name: _____

Signature: _____ Date: _____